**CONFIDENTIAL HEALTH QUESTIONNAIRE (COVID-19)**

The purpose of this questionnaire is support safe deployment and reduction of workplace risk in the event of a COVID-19 epidemic. Your answers to this questionnaire will be **CONFIDENTIAL** to the Occupational Health Service and will not be divulged to anyone else. An occupational health nurse or doctor may contact you to clarify details or to ask for further information, on receipt of the questionnaire.

**We always treat the information you give to us as medically confidential.  No clinical details will ever be released to anyone outside the Occupational Health & Wellbeing Service without your consent. However, we will use the information you provide, to give simple advice about fitness for work and by signing this form, we will assume that you consent to us doing this.**

Please complete **ALL** sections of the questionnaire, including the signed declaration. When completed please return to Occupational Health by either email or post (details at the end). If you need advice or help in completing this questionnaire, please contact the Occupational Health Service COVID-19 helpline on 01904 721600

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| --- | --- |
| Title : Mr/Ms/Miss/Mrs/Dr/Prof Male [ ]  Female [ ]    | Date of Birth:  |
| Surname/Family Name:Previous Names (if applicable): | First name: |
| Home Address including Postcode: | Home Telephone:Work Telephone:Mobile:E-Mail Address:Please state preferred method of contact:  |
| Care Group:Ward/Department: | Name of employing manager & organisation: |
| Staff Group Please circle the group you work in   | NursingMedicalAllied Health ProfessionalScientific/TechnicalHealth Care AssistantAdmin/ClericalAncilliary/Facilities/LLP |

**Please complete the following questions as fully as possible, giving details of current condition and/or treatment and medication with relevant dates.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Details** |
| 1. **CHEST DISEASE**

Do you have asthma?If so, please answer the following questions * Do you regularly use a steroid inhaler?
* Have you ever needed oral steroids?
* Have you ever been admitted to hospital with severe asthma?

Do you have any other chronic lung disease? * COPD
* Bronchitis or Emphysema
* Bronchiectasis
* Cystic Fibrosis
* Interstitial Lung Fibrosis
* Pneumoconiosis
* Bronchopulmonary dysplasia
* Any other lung problem
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| --- | --- | --- | --- |
|  | **Yes** | **No** | **Details** |
| 1. **HEART DISEASE**

Do you have any heart disease? * Congenital heart disease
* Hypertension with cardiac complications
* Heart failure
* Ischaemic heart disease (eg angina)
* Do you take regular heart drugs
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| 1. **KIDNEY DISEASE**

Do you have any renal problems?* Nephrotic syndrome
* Chronic renal failure
* Renal transplantation
 |  |  |  |
| 1. **LIVER DISEASE**

Do you have any liver problems ?* Cirrhosis
* Liver transplant
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| 1. **DIABETES**

Do you have diabetes?* Diet control only
* Non-insulin dependent diabetes
* Insulin dependent diabetes
* Diabetic complications
 |  |  |  |
| 1. **CANCER**

Have you ever had any type of cancer? |  |  |  |
| 1. **IMMUNOSUPPRESSION**

Have you received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disordersHave you received in the past 6 months, immunosuppressive therapy for a solid organ transplant Have you received in the past 12 months immunosuppressive biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab and rituximab) Have you received in the past 3 months immunosuppressive therapy including* High-dose corticosteroids (>40mg prednisolone per day) for more than 1 week
* Lower dose corticosteroids (>20mg prednisolone per day) for more than 14 days
* Non-biological oral immune modulating drugs e.g. methotrexate, azathioprine, 6-mercaptopurine

Has your spleen been removed or do you have splenic dysfunction?Do you have untreated HIV infection? If you have treated HIV infection, have you had an undetectable viral load and a high CD4 count for the past six months (U=U)? |  |  |  |

**DECLARATION:**

The information I have given on this form is correct. Whilst no clinical details will ever be divulged, I consent to Occupational Health advising my line manager about my fitness to work with COVID-19 patients.

|  |  |
| --- | --- |
| **Employee Signature:**   | **Date:** |

If returning by post, please send the completed questionnaire to

Centre for Occupational Health and Wellbeing

Centurion House

Tribune Way

Clifton Moor

York

YO30 4RY.

If returning by E-mail, please send to occhealth-clerical@york.nhs.uk.